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Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 27069  
Application ID: 09864510  
Title of Invention: VENTRICULAR RESTORATION  
SHAPING APPARATUS AND  
METHOD OF USE  
First Named Inventor: Gregory Murphy  
Domestic/Foreign Application: Domestic Application  
Filing Date: 2001-05-24  
Effective Receipt Date: 2003-05-15  
Submission Type: Information Disclosure  
Statement  
Filing Type:  
Confirmation number: 2445  
Attorney Docket Number: 5838-00300  
Total Fees Authorized: 180.0  
Payment Category: Deposit Account  
Deposit Account Number: 501505  
Deposit Account Name: Eric B. Meyertons  
RAM Payment Status: RAM has not been processed



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Digital Certificate Holder: cn=Eric B. Meyertons, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US  
Certificate Message Digest: Di3VdEZSlr4EuQ8XZbKffQ==

05/20/2003 MGBREM1 00000006 501505 09864510

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# TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Information  
Disclosure Statement

Application Number: 09/864,510

Attorney Docket Number: 5838-00300

## VENTRICULAR RESTORATION SHAPING APPARATUS AND METHOD OF USE

First Named Inventor: Gregory Murphy

### SUBMITTED BY

Name: Eric B. Meyertons

Registration Number: 34,876

Electronic Signature Mark: Eric B.  
Meyertons

Date Signed: 20030515

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### Attached Files:

fee-transmittal

583800300fee.xml

us-information-disclosure-statement

583800300ids.xml

APP\_ID=09864510

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**Comments:**

It is respectfully requested that this Information Disclosure Statement be entered and the documents listed be considered by the Examiner and made of record. Please incorporate the following additional Information Disclosure Statements, filed concurrently, with the Information Disclosure Statement filed herewith: (1) other art filed under a separate statement. Please note that a fee authorization form was included with the electronic Information Disclosure submission. Applicant requests that the one submitted fee be accepted for this subsequent submission. Should any additional fees be required, the Commissioner is authorized to charge said fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account No. 50-1505/5838-00300/EBM.

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# FEE TRANSMITTAL

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Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

**TOTAL FEES AUTHORIZED: \$ 180**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 50-1505



Deposit Account Name: Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

## SUBMITTED BY

Authorized Name: Eric B. Meyertons  
Electronic Signature Mark: Eric B. Meyertons  
Date Signed: 20030515

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## ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Submission Of Information Disclosure Stmt Fee		1	1806	\$ 180	\$ 180

Subtotal For Additional Fees: \$ 180